

Fill in this information to identify the case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TEXASCase number (if known): _____ Chapter 11☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy**06/22**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name ESSY Quality Health Care, LLC
2. All other names debtor used in the last 8 years aka ESSY Quality Health Care, Inc.
 Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) 2 0 - 2 0 6 4 0 8 4
4. Debtor's address

Principal place of business <u>11103 San Pedro Ave. Ste. 105</u> Number Street <u>San Antonio TX 78216</u> City State ZIP Code <u>Bexar</u> County	Mailing address, if different from principal place of business Number Street P.O. Box City State ZIP Code Location of principal assets, if different from principal place of business Number Street City State ZIP Code
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5. Debtor's website (URL) _____
6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor **ESSY Quality Health Care, LLC**

Case number (if known) _____

7. Describe debtor's business*A. Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

6 2 1 6

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11.

Check all that apply:

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, AND IT CHOOSES TO PROCEED UNDER SUBCHAPTER V OF CHAPTER 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
☐ Chapter 12

Debtor **ESSY Quality Health Care, LLC**

Case number (if known) _____

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

☒ No☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYY**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

☒ No☐ Yes. Debtor _____ Relationship _____

District _____ When _____

Case number, if known _____ MM / DD / YYYY

Debtor _____ Relationship _____

District _____ When _____

Case number, if known _____ MM / DD / YYYY

11. Why is the case filed in this district?*Check all that apply:*☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

Debtor **ESSY Quality Health Care, LLC**

Case number (if known) _____

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?**

Number Street

City

State

ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

☒ Funds will be available for distribution to unsecured creditors.☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated assets**☒ \$0-\$50,000☐ \$50,001-\$100,000☐ \$100,001-\$500,000☐ \$500,001-\$1 million☐ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0-\$50,000☐ \$50,001-\$100,000☐ \$100,001-\$500,000☐ \$500,001-\$1 million☒ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion

Debtor **ESSY Quality Health Care, LLC**

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING --Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **04/17/2023**

MM / DD / YYYY

X /s/ Dozie Zogus Ony

Signature of authorized representative of debtor

Dozie Zogus Ony

Printed name

Managing Member

Title

18. Signature of attorney

X /s/ Michael J. O'Connor

Signature of attorney for debtor

Date **04/17/2023**

MM / DD / YYYY

Michael J. O'Connor

Printed name

Michael O'Connor Attorney

Firm name

The Spectrum Building

Number Street

613 NW Loop 410, Ste 840

San Antonio

City

TX

State

78216

ZIP Code

(210) 729-6009

Contact phone

15187400

Bar number

oconnorlaw@gmail.com

Email address

TX

State

Fill in this information to identify the case:Debtor name ESSY Quality Health Care, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF TEXASCase number _____
(if known)☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Internal Revenue Service Special Procedures Staff Stop 5022 AUS 300 East 8th Street Austin, TX 78701			Contingent Unliquidated Disputed	\$950,000.00	\$0.00	\$950,000.00
2	Small Business Administration Little Rock Commercial Loan Svc Center 2120 Riverfront Dr. Ste. 100			Unliquidated	\$451,500.00	\$0.00	\$451,500.00

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **ESSY Quality Health Care, LLC**

CASE NO

CHAPTER **11**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 4/17/2023

Signature /s/ Dozie Zogus Ony
Dozie Zogus Ony
Managing Member

Date _____

Signature _____

A&E Kiwi
11103 San Pedro, Ste. 210
San Antonio, TX 78216

Internal Revenue Service
Special Procedures Staff
Stop 5022 AUS
300 East 8th Street
Austin, TX 78701

Internal Revenue Service
c/o United States Attorney
601 NW Loop 410 Ste. 600
San Antonio, TX 78216

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

Small Business Administration
c/o United States Attorney
601 NW Loop 410, Ste. 600
San Antonio, TX 78216

Small Business Administration
Little Rock Commercial Loan Svc
Center 2120 Riverfront Dr. Ste. 100
Little Rock, AR 72202

Small Business Administration
Disaster Assistance Processing
14925 Kingsport Road
Fort Worth, TX 76155

Steven Bass
Assistant US Attorney
816 Congress Ave. Ste. 1000
Austin, TX 78701

Texas Dept of Aging & Disability
Attn. Ann Skowronski
Mail Code W-615
701 W. 51st St.
Austin, TX 78751